10/524575

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004	Application or Docket Number BACO2 P-305

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
U.S. NATIONAL STAGE FEES			RATE	FEE		RATE	FEE
BASIC FEE	SMALL ENT. = $150	LARGE ENT. = $300	BASIC FEE	150	OR	BASIC FEE	
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $50 / $100	All other situations = $100 / $200	EXAM. FEE	100		EXAM. FEE	
SEARCH FEE	U.S. is ISA = $50 / $100 ALL other countries = $200 / $400	All other situations = $250 / $500	SEARCH FEE	50		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.	2 minus 100 =	/ 50 =	X $125 =			X $250 =	
TOTAL CHARGEABLE CLAIMS	9 minus 20 = *		X $25 =		OR	X $50 =	
INDEPENDENT CLAIMS	1 minus 3 = *		X $100 =		OR	X $200 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+ $180 =		OR	+ $360 =	

* If the difference in column 1 is less than zero, enter "0" in column 2

TOTAL	300	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $25 =		OR	X $50 =	
Independent	*	Minus	***	=	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $25 =		OR	X $50 =	
Independent	*	Minus	***	=	X $100 =		OR	X $200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+ $180 =		OR	+ $360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter '20'.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent #

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$

8 TO BE REFUNDED BY:

10 REASON:		Treasury Check
Overpayment		Credit Deposit A/C #:
Duplicate Payment	9	☐☐ -- ☐☐☐☐
No Fee Due (Explanation):		

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____   TITLE: _____

SIGNATURE: _____   PHONE: _____

OFFICE: _____

Deplt. Ref: 03/08/2005 DKIDWELL 00122108060
DA#:162463   Name/Number:10524575
FC: 9204 $250.00 CR

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)